

## **KEY CONTACTS FORM**

**Authorized Representative:** Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:
Title:
Complete Address:
Phone Number:
Payee: Individual authorized to accept payments.
Name:
Title:
Mail Address:
Phone Number:
Administrative Contact: Individual from Sponsored Program Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc.)
Name:
Title:
Mailing Address:
Phone Number:
FAX Number:
E-Mail Address:
Principal Investigator: Individual responsible for the technical completion of the proposed work
Name:
Title:
Mailing Address:
Phone Number:
FAX Number:
E-Mail Address:
Web URL:

EPA Form 5700-54 (Rev 04/2012)